

Special educational needs appeal form SEND1A

Notice of appeal form checklist – what to send us with this form

If you want to appeal against	We will need
<p>Your local authority's refusal to assess or reassess your child's special educational needs.</p> <p>or</p> <p>If the local authority has assessed your child but does not make a statement of special educational needs.</p> <p>or</p> <p>The local authority's decision not to amend your child's statement following an annual review of the statement.</p>	<ul style="list-style-type: none">• a copy of the letter from the local authority letting you know their decision and about your right to appeal;• your reasons for making the appeal – you can find the reasons in section 5 of the appeal form;• the documents you will be relying on to support your appeal; and• if the local authority has issued a 'note in lieu', that note and the documents attached to it.

If you are appealing against	We will need
<p>Any or all of parts 2, 3 and 4 of the statement of special educational needs.</p> <p>or</p> <p>Against the school named in a statement that is over a year old.</p>	<ul style="list-style-type: none">• a copy of the letter from the local authority telling you their decision and of your right to appeal;• your reasons for making the appeal – you can find the reasons in section 5 of the appeal form;• a copy of your child's current statement that came with the letter mentioned above (usually called a final statement or final revised statement);• the appendices that came with the statement – these are a set of documents that are attached to the statement (if you are appealing against an amended statement, the local authority may not have attached all of the appendices) and you will need to take these from the original statement;• written confirmation that you have told the school that you want it to be named in part 4; and• the documents you will be relying on to support your appeal.

If you want to appeal against	We will need
<p>The local authority's decision to cancel (or no longer maintain) your child's statement.</p>	<ul style="list-style-type: none">• a copy of the letter from the local authority telling you their decision and of your right to appeal;• your reasons for making the appeal – you can find this on section 5 of the appeal form;• a copy of your child's current statement (the one the local authority says it is going to cancel); and• the documents you will be relying on to support your appeal.

Appeal form

To make an appeal, you will need to fill in this form and return it to us no later than two months after the local authority sent you their decision. Please complete this form in CAPITAL LETTERS.

Contact Details

The tribunal's preferred method of communication is by email, phone or text. Therefore, it is crucial that you let the tribunal know of any change of email or phone number.

Section 1 – Your child's details

Surname

Gender

☐ Boy

☐ Girl

First name(s)

Date of birth

 / /

Section 2 – Your contact details

Parent One

☐ Mr ☐ Mrs ☐ Miss ☐ Ms

☐ Other _____

Surname

First name(s)

Relationship to the child (eg. you are the parent, guardian, foster parent or other person with parental responsibilities)

Home address

Postcode

Daytime phone number

Evening phone number

Mobile phone number

Email address

Parent Two

☐ Mr

☐ Mrs

☐ Miss

☐ Ms

☐ Other _____

Surname

First name(s)

Relationship to the child (eg. you are the parent, guardian, foster parent or other person with parental responsibilities)

Home address

Postcode

Daytime phone number

Evening phone number

Mobile phone number

If you would prefer us to communicate with you via email please give us your email address

Does any other person or organisation share responsibility for the child?

☐ Yes

☐ No

If Yes, please give the name and address of each person or organisation.

Is there any reason why we should **not** send this person details of the appeal?

☐ Yes

☐ No

If Yes, please give reasons why.

Your representative (if this applies)

Is your representative legally qualified?

☐ Yes ☐ No

☐ Mr ☐ Mrs ☐ Miss ☐ Ms

☐ Other _____

Surname

First name(s)

Profession and organisation

Email address

Address

Postcode

Daytime phone number

Fax number

Mobile phone number

Who should receive information about the appeal?

We can only send papers and documents to **one** of the people named on this form. If you do not say, we will send them to your representative (if you have one), otherwise to the first named parent.

☐ First parent ☐ Second parent ☐ Representative

Section 3 – Witnesses

If you have any witnesses please give their details below

Name of Witness 1

Profession

Name of Witness 2

Profession

Name of Witness 3

Profession

Section 4: The hearing – your needs and requirements

Please tell us here about any special needs you may have which we need to take into account when arranging your hearing. This might be things such as hearing loops or disability access.

Question 1 - Your needs

Do you have any special needs?

☐ Yes ☐ No

If Yes, please tell us about this in the box below

Question 2 - Your signer or interpreter and language requirements

Do you require a interpreter or signer to assist you at the hearing?

☐ Yes ☐ No

If Yes, please tell us the language and dialect required below

Language or type of sign language interpreter

Dialect

We will arrange for a professional interpreter to be present at the hearing.

Section 5 – Your appeal

Which local authority made the decision against which you are appealing?

On what date did the local authority send you the letter giving you their decision?

 / /

On what date did you receive the local authority's letter giving you that decision?

 / /

Does your child have a statement of special educational needs?

☐ Yes ☐ No

If Yes, on what date was the statement made?

 / /

Is there any other current appeal to us in relation to this child that we are dealing with at the moment?

☐ Yes ☐ No

If Yes, please give the appeal number

Are you appealing about another child in your family at the same time?

☐ Yes ☐ No

If Yes, what is the appeal number?

If you have answered 'Yes' to either of the last two questions, would you like these appeals to be heard at the same time if that is possible?

☐ Yes ☐ No

Section 6 – Paper hearing

If the Tribunal agrees, do you agree that the appeal can be determined on the written evidence without an oral hearing?

☐ Yes ☐ No

I consent to the final hearing of the appeal being listed on an earlier date if one becomes available

☐ Yes ☐ No

I consent to the local authority obtaining the child's views on the issues in the appeal to submit to the Tribunal with their response

☐ Yes ☐ No

Section 7 – Reasons for your appeal

What are you appealing against?

Please tick the box or boxes that apply to your appeal.

A. Refusal to carry out a statutory assessment

- ☐ I (or the school) asked the local authority to assess my child but they refused.
- ☐ My child already has a statement. I (or the school) asked the local authority to reassess my child but they refused.

B. Refusal to amend the statement following a review

- ☐ The local authority has reviewed my child's statement and decided not to amend it.

C. Refusal to make a statement of special educational needs

- ☐ The local authority assessed my child but refused to make a statement.

If you have a 'note in lieu', please send us a copy and any supporting documents, including any reports that formed part of the assessment.

D. Contents of a statement of special educational needs

The local authority made a statement of special educational needs for my child, or refused to change it after a statutory reassessment and:

- ☐ I disagree with what part 2 of the statement says about my child's special educational needs.
- ☐ I disagree with what part 3 of the statement says about the educational help or provision my child should receive.
- ☐ I disagree with the school named in part 4 of the statement.
- ☐ The local authority has not named a school in part 4 of the statement.

If you are appealing against the school named in part 4, please give us the name and address of the school you would prefer to be named.

Name of school

Address

Postcode

Have you told the school you want it named in the statement?

- ☐ Yes ☐ No

If Yes, please confirm the date you told the school

You must tell the school in writing that you would like them named in your child's statement and send us a copy of your letter.

If you want an independent or non-maintained special school named in part 4:

Do you have confirmation from the school that it has a place available for your child? ☐ Yes ☐ No

If Yes, please send us a copy of this letter or confirmation.

If you cannot name a particular school, please describe the type of school you would like your child to go to.

E. Change of school

☐ The statement was at least one year old when I asked the local authority to change the school named, but they refused.

F. Decision to stop maintaining a statement

☐ The local authority decided to stop maintaining (cancel) my child’s statement.

It is important that you give reasons so the local authority can respond to your appeal.

Below is a guide of what we need to know. Please fill in your reasons for the appeal in the box below.

Refusal to assess or reassess	please tell us why you think your child needs a statutory assessment or reassessment.
Refusal to make a statement	please tell us why you think your child needs a statement.
Parts 2 or 3 of the statement	please tell us what you disagree with and why, and what you would like the parts to include or not include.
A school named in part 4 of the statement	please give reasons why you think that the current school named cannot meet your child’s needs and why you consider that the school you want to be named in part 4 is more appropriate for your child.
Refusal to amend the statement following a review	please tell us what amendments you would like to the statement.
No longer maintaining a statement	please give reasons why you think your child still needs a statement.

Section 8 – Claims about disability discrimination

At Special Educational Needs and Disability we also deal with claims about disability discrimination in schools. If you require a copy of our claim form and booklet '*How to claim against disability discrimination in schools - a guide for parents*', please tick the box.

☐

If you already have an existing disability discrimination claim for this child, would you like this appeal to be heard at the same time?

☐ Yes☐ No

Please give us the date you sent your claim in.

/ /

Please give us the claim number
(if you have already been given one).

Section 9 – Lodging your appeal

Once you have filled in the appeal form, make sure that you have signed it.

Please make sure that you have read the checklist on the first page of the appeal form and enclosed all the documents we need.

Parent one signature

Parent two signature

(You need only sign this if you are claiming as well as parent one.)

Legal representative's signature

(This box only needs to be signed if you have given your legal representative permission to act for you and sign on your behalf.)

Date

/ /

Please send the form and all other relevant documents to us at:

Special Educational Needs and Disability Tribunal
1st Floor, Darlington Magistrates Court
Parkgate
Darlington
DL1 1ZD

By fax: 0870 739 4017

If you need to contact us by phone, our number is 01325 289350.

Please make sure that you keep a copy of your application form.